

MDR Tracking Number: M5-04-0543-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-21-03. On 01-14-04 date of service 10-28-03 was withdrawn for CPT codes 99213, 97150, 97110, 97265, 97250 and 99080 by ____.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits, group therapy, therapeutic exercises, joint mobilization and myofascial release for dates of service 10-21-02 through 12-17-02 were found to be medically necessary. The office visits, group therapy, therapeutic exercises, joint mobilization and myofascial release for dates of service 12-18-02 through 12-27-02 and the special reports for dates of service 10-21-02 through 12-27-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 20th day of January 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10-21-02 through 10-25-02 and 10-30-02 through 12-27-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 20th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

December 24, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0543-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This female claimant injured her left arm and shoulder in a work-related accident on _____. She injured both knees and her left upper extremity. She has undergone two arthroscopic surgeries to the right and left knees. A total knee replacement has been recommended for her left knee.

Disputed Services:

Subsequent office visits, group therapy, therapeutic exercises, joint mobilization, myofascial release, special reports and office visits during the period of 10/21/02 through 12/27/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute, with the exception of special reports, during the period of 10/21/02 through 12/17/02 were medically necessary. Treatment and services in dispute from 12/18/02 through 12/27/02 were not medically necessary in this case.

Rationale:

The records provided for review indicate that the patient had arthroscopic surgery on her right knee on 07/19/02, and on her left knee on 08/30/02. Rehab was begun within two to four weeks following surgery to reach optimal results, as recommended by the *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*.

The *Guidelines* also state that a usual exercise training plan is three to five times per week, for 4-6 weeks, as cited in Chapter 8, page 123, of the guides. However, the guides also state that an injury super-imposed on a pre-existing condition, such as the patient's pre-existing joint deterioration in the bilateral knees, will take 1½ to 2 times longer to recover, as cited in Chapter 8, page 124.

Therefore, it is reasonable to accept a 12-week treatment period as long as there is documented improvement in the patient's condition, which is present as recorded by the range of motion results, returning her to pre-operative levels, as noted on 11/12/02. Further range of motion testing improvements were noted on 12/17/02. According to the Chapter 8, page 125, subsection F, under "Sub-acute Episodes", rehab should include mostly active rehab components to increase flexibility, strengthen, and modify pain behavior. This is expected to last 6 to 16 weeks.

Therefore, based on the cited referenced recommendations and the documents showing improvements to the patient's condition up until 12/17/02, the treatment was medically necessary through this date. This includes the office visits, group therapy, therapeutic exercises, joint mobilization, and myofascial release. Services provided after this date do not seem to be warranted. Also, the records provided do not substantiate the necessity of the special reports.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,